

SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES
2000 PRIMARY AND GENERAL ELECTIONS

State of Nevada

<u>Sher Hardin</u>	<u>NR Assembly</u>	<u>24</u>
Candidate's Name(print)	Office	District (if applicable)
<u>571 Citadel Way Reno NV 89503</u>	<u>775 322-8324</u>	
Mailing Address (include city and zip code)	Telephone Number	

REPORT NUMBER 2 - DUE OCTOBER 31, 2000

Report Period Begins: August 24, 2000

Report Period Ends: October 25, 2000

CONTRIBUTIONS SUMMARY

1. From Report Number 1, total amount of contributions in excess of \$100	<u>17992.40</u>
2. From Report Number 1, total amount of contributions of \$100 or less	<u>270.00</u>
3. Report Number 2, amount of contributions in excess of \$100	<u>500.00</u>
4. Report Number 2, total amount of contributions of \$100 or less	<u>0</u>
From Report Numbers 1 and 2, actual number of contributions of \$100 or less <u>6</u>	
5. Interest and income earned, if any, during this report period	<u>0</u>
6. TOTAL AMOUNT OF ALL CONTRIBUTIONS (add lines 1 through 5)	<u>18762.40</u>

EXPENSES SUMMARY

7. From Report Number 1, total amount of expenses in excess of \$100	<u>16278.36</u>
8. From Report Number 1, total amount of expenses of \$100 or less	<u>765.46</u>
9. Report Number 2, total amount of expenses in excess of \$100	<u>100.00</u>
10. Report Number 2, total amount of expenses of \$100 or less	<u>174.75</u>
11. TOTAL AMOUNT OF ALL EXPENSES (add lines 7 through 10)	<u>685.96</u>

If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/31/00 Sher Hardin
Date Signature of Candidate

CAMPAIGN CONTRIBUTIONS

REPORT PERIOD Number 2

*Shirley Hadden**W. H. Hadden**11*

Candidate's Name (print)

Office

District (if applicable)

Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK ✓ IF LOAN	CHECK ✓ IF IN KIND
<i>W. H. Hadden 1111 7th St. Hill, N. D. 58040</i>	<i>9/10/60</i>	<i>100.00</i>		
<i>W. H. Hadden 1111 7th St. Hill, N. D. 58040</i>	<i>9/10/60</i>	<i>100.00</i>		

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CAMPAIGN CONTRIBUTIONS

REPORT PERIOD Number 2

Candidate's Name (print)

Office

District (if applicable)

Contributions of \$100 or Less

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Sher Hardin
Candidate's Name (print)

NV Assembly
Office

24
District (if applicable)

Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	B	
Expenses related to travel	C	
Expenses related to advertising	D	685.96
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	H	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	174.75

*Shc. Hassan**1st Deputy**24*

Candidate's Name (print)

Office

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
<i>Home phone</i>	<i>1</i>	<i>7-20-00</i>	<i>25.00</i>

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CAMPAIGN EXPENSES

REPORT PERIOD Number 2

Candidate's Name (print)

Office

District (if applicable)

Expenses of \$100 or Less

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